

APPLICATION FOR ADJUSTERS AND MOTOR VEHICLE PHYSICAL DAMAGE APPRAISERS LICENSE

Section 1. Personal Information. All information must be provided.

1. Type license applying for: ☐ Adjuster ☐ Appraiser
2. Social Security Number: _____ Date of Birth: ____/____/____ Phone Number: _____
3. Name of Applicant:: _____
Last First Middle Surname
4. Home Address: _____
Street (No P. O. Box #) City State ZIP
5. Mailing Address: _____
Street City State ZIP
6. Business Address: _____
Street City State ZIP
- a. Business Phone Number: _____ b. Business Fax Number: _____
7. Line of Authority: ☐ Property ☐ Casualty ☐ Surety ☐ Marine ☐ Crop Hail ☐ Workers Comp ☐ Personal Lines
☐ Commercial Lines ☐ Auto Physical Damage*

*This is the only line of authority available for Motor Vehicle Physical Damage Appraisers

Section 2: Regulatory Information. All questions must be answered.

1. Are you, or have you been, licensed as an insurance agent, broker, appraiser, or adjuster in any state? ☐ Yes ☐ No
If yes, list state and type of license _____.
2. Have you ever been fined or been the subject of any disciplinary action, including suspension, cancellation, revocation, or refusal/denial by any insurance department, government regulatory entity, or other licensing authority? If yes, explain and attach documentation _____.
3. Are you indebted to any insurance company, insurance agency, or car dealer or garage, to any general agent or manager in a personal or business way, or is there any dispute with reference to your accounts? If yes give details and provide documentation _____.
4. Have you ever been convicted, pled guilty, or pled no contest in a criminal proceeding? If yes, state the exact offense, explain the circumstance surrounding your plea or conviction, and attach court documentation. ☐ Yes ☐ No
_____.

Section 3. Applicant's Certification.

Read the following statements carefully and make sure you understand each before signing this application:

1. I understand that I am responsible for notifying the South Carolina Department of Insurance within 30 days of any address change, including home, mailing, and business addresses. Address changes may be done online at www.doi.sc.gov or in writing.
2. I understand that misrepresentation of any fact required to be disclosed in this application is a violation of the insurance laws.
3. I understand that it is a violation of the insurance laws to adjust or aid in adjusting in any way, any loss for an insurance company, unless I am licensed as an insurance adjuster.
4. I understand the insurance laws of the State of South Carolina, as well as the type of policies and insurance contracts under which I propose to adjust.
5. I understand that my license must be in my possession before any adjusting and/or appraising can be performed.

I DO SOLEMNLY SWEAR THAT ALL INFORMATION AND ANSWERS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE.